

HV. 011825

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-07



COMBINED NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Send to: Missouri Department of Natural Resources, Waste Management Program, P.O. Box 176, Jefferson City, MO 65102

For Official Use Only

Comments

[illegible]

I. Name of Installation

G	E	N	E	R	A	L		S	E	R	V	I	C	E	S		A	D	M	I	N	I	S	T	R	A	T	I	O	N
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II. Installation Mailing Address

Street or P.O. Box

[illegible]

III. Location of Installation

Street or Route Number

[illegible]

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

[illegible]

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

[illegible]**VI. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

<input checked="" type="checkbox"/> 1a. Generator	<input type="checkbox"/> 1b. Less than 1,000 kg/mo.	<input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter "X" and mark appropriate boxes below)
<input type="checkbox"/> 2. Transporter		<input type="checkbox"/> a. Generator Marketing
<input type="checkbox"/> 3. Treater/Storer/Disposer		<input type="checkbox"/> b. Other Marketer
<input type="checkbox"/> 4. Underground Injection		<input type="checkbox"/> c. Burner
<input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter "X" and mark appropriate boxes below)		<input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
<input type="checkbox"/> a. Generator Marketing to Burner		
<input type="checkbox"/> b. Other Marketer		
<input type="checkbox"/> c. Burner		

VII. Waste Fuel Burning: Type of Combustion Device *(enter type of combustion device in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions on back of form.)*

☐ A. Utility Boiler ☐ B. Industrial

VIII. Mode of Transportation *(transporters only — enter ‘)*

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Oth

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

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C																			
W																			

X. Description of Hazardous Wastes (continued from front)

A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

C. Commercial Chemical Product Wastes (U and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Below each number, enter monthly generation amount in pounds and frequency A, B, or C.

WASTE ID #

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

D. (Reserved)

E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'x' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

AMOUNT AND
FREQUENCY☒**1. Ignitable
(D001)**

6,600

lbs.

C

☐**2. Corrosive
(D002)**

lbs.

☐**3. Reactive
(D003)**

lbs.

☐

4. Toxic Enter the four-digit number which identifies each characteristic toxic waste. Below each number enter the monthly generation amount and frequency.

AMOUNT AND
FREQUENCY

lbs.

lbs.

lbs.

lbs.

MISSOURI REQUIRED INFORMATION

MO Generator ID Number

011825

Principle Business Activity

S.I.C. Code (leave blank if uncertain)

9611

Check this box if you generate/accumulate less than a regulated quantity ☐**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name And Official Title (Type Or Print)

Date Signed

Michael E. Sisk, Assistant FPD OFC Mgt 3/24/89